

Wyoming Department of Health
Public Health Laboratory
517 Hathaway Building
Cheyenne, WY 82002
307-777-7431

STATE LAB USE ONLY

Lab ID #	
Received	
Reported	
Results	
Tech	

REQUISITION FOR INFLUENZA CULTURE

INSTRUCTIONS

- Specimens should be collected within 3 days of symptom onset
- Specimens should be collected and shipped according to attached protocol
- Specimens must arrive at the lab within 48 hours of collection
- Maintain Specimen at **2-4 °C** and ship on COLD PAK to the WPHL with the completed form.
- Use Courier or Fed Ex account 2987-4494-5 for shipping flu cultures only.

(Please print clearly with black ballpoint pen.)

Patient Name (Last)	(First)	(MI)	DOB / /	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Submitting Laboratory Name and Address (return address)			Phone Number ()		
			Fax Number ()		
Attending Physician Name _____					
COMPLETE ENTIRE SECTION BELOW TO ENSURE CORRECT TESTING INFORMATION					
Date of onset of illness: ____/____/____		SAMPLE TYPE		DATE COLLECTED	
Rapid Flu Test Positive <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Nasopharyngeal swab		____/____/____	
		<input type="checkbox"/> Nasal swab		____/____/____	
		<input type="checkbox"/> Nasal wash/aspirate		____/____/____	

Was Patient Hospitalized? ☐ **Yes** ☐ **No**

If yes: Hospital _____

Date Admitted _____ / _____ / _____

Flu Vaccination ☐ **Yes** ☐ **No**

If yes, date received: _____ / _____ / _____

Nasal Vaccination ☐ **Yes** ☐ **No**

Patient Symptoms

☐ **Fever**

☐ **Sore Throat**

☐ **Headache**

☐ **Nasal Congestion**

☐ **Dry cough**

☐ **Body Aches**

☐ **Travel outside USA** **Country:** _____

Date of Travel _____ / _____ / _____